

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16391

State File No.

Registrar's No.

MAY 27 1943 318

Registration District No.

Primary Registration District No.

1003

4453

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Enbrought to Homer Phillips Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years, months or days  
In this community 3 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME VERA Roberts Mayfield

3. (b) If veteran, name war unk 3. (c) Social Security No. unk

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Odell Mayfield 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 29-1919  
(Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Murray City, Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER { 12. Name Augusta Roberts  
13. Birthplace Tennessee  
14. Maiden name Ruby Rlych  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Augustus Roberts

(b) Address 3057 1/2 Easton Ave

17. (a) Removal (b) Date thereof 5-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dyersburg, Tennessee

18. (a) Signature of funeral director ATKINS Bros

(b) Address 3644 Finney Ave

19. (a) MAY 13 1943 (b) J. P. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3057 1/2 Easton Ave (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1943 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Knowledge of brain and cord following stab wound of by vertebral artery drunk on  
Due to Callician in which Fred Robinson (col) and Ada Powell (col) were a party at 2957 1/2 Easton Ave. about 11:15 PM May 8, 1943

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 167 Of autopsy 167

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence May 8 1943  
(c) Where did injury occur? St. Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work yes (Specify type of place) Means of injury Stab wound

23. Signature Alfred Perry (M. D. or other) St. Louis  
Address St. Louis Date signed 5/10/43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**